FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Haris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT #

Principal Place of Business

P 0 Box 24596

2. Principal Place of Business

4450 Losco Road

Jacksonville, FL

32241

724060

MANDARIN LODGE NO. 42, LOYAL ORDER OF MOOSE,

26

Mailing Address

2a. Mailing Address

4450 Losco Road P O Box 24596 Jacksonville, F1.

32241

FILED May 10, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed 08/08/1972

Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	Apr	lied For		
2		27			59-1400997		Not	Applicable	
City & State		City & State				5. Certifcate of Status Desired		\$8.75 A	
3		28				J. Certificate of Status Bosilion		Fee Re	uired
Zip	Country	Zip	- Cou	ntry ——		6. Election Campaign Financing	~	\$5.00	May Be
4	25	29 3	<u>ol</u>			Trust Fund Contribution		Added to	Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81 Name	Lexis Document Services				
				Street Address (P.O. Box Number is Not Acceptable) 3953 WW Kelley Road					
				83					
				84 City				85 Zip C	nde
•				,	Ta1	lahassee	FL	323	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered	Agent signature re	equired w	nen reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	S DELETE		1,1 TIT	1,1 TITLE		·—		Change	☐ Addition
NAME	HUSTON, RICHARD M.			1.2 NAME					
STREET ADDRESS	11248 Caboose Court		1.3 ST	1.3 STREET ADDRESS					ł
CITY-ST-ZIP	Jacksonville, Fl. 32257		1.4 CIT	1.4 CITY-ST-ZIP					
TITLE	D DELETE		2.1 TITLE					☐ Change	Addition
NAME	SMITH, GARY D		2.2 NAME						
STREET ADDRESS	11841 MANDARIN ROAD		2.3 STREET ADDRESS						į
CITY-ST-ZIP	Jacksonville, Fl. 32223		2 4 CITY-ST-ZIP						
TITLE	Tr DELETE		3.1 TITLE					Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS	WOODRUFF, DALE 445 N St Rd 13 #26-355			REET ADDRESS					1
CITY-ST-ZIP	Fruitcove, F1. 32259		. 3.4. CITY-ST-ZIP						
TITLE	T DELETE		4.1 TIT					Change	Addition
NAME	FREDRICKSON, ROBERT L.			4. 2 NAME					
STREET ADDRESS	224 Foxtail Ave.			REET ADDRESS					
1	Middleburg, F1. 32068			4.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	Tr DELETE			5.1 T/TLE				[] Change	Addition
NAME		<u> </u>	5.2 NA						_
İ	VIETOR, TIMOTHY J		5.3 ST	REET ADDRESS					J
STREET ADDRESS	すっぱっぱいまままなです。			Y-ST-ZIP					}
CITY-ST-ZIP	P	DELETE	6.1 TIT					Change	Addition
TITLE	<u>-</u>		6.2 NA						
NAME	KNAPP, LEROY F		1	REET ADDRESS /					
STREET ADDRESS	4013 Cumbrian Gardens Ln								ľ
CITY-ST-ZIP	Jacksonville, F1		6.4 CI	Y-ST-ZIP		tion 440 07/3)/i) Florido Statutos I			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address with all other like empowered.

SIGNATURE:

Richard M. Huston SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 23 June, 1999

Date

(904) 268-6544

Daytime Phone #